

AF/ 1645#

PTO/SB/31
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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES	Docket Number (Optional) 20-02	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as EXPRESS	In re Application of Farn et al.	
MAIL in an envelope addressed to "Commissioner for Patents, Washington D.C. 20231" on April 18, 2005.	Application Number 10/069,799	Filed July 19, 2002
Signature B. Kroge	For Vaccine Antigens of Moraxella	
Typed or printed name: B. Kroge	Group Art Unit	Examiner
Express Mail Receipt No. EV 663 224 329 US	1645	Padmavathi BASKAR
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.		
The fee for this Notice of Appeal is (37 CFR 1.17(b))	\$ 500.00	
☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$		
A check in the amount of the fee is enclosed.		
☐ Payment by credit card. Form PTO-2038 is attached.		
The Commissioner has already been authorized to charge fees in this application to a Deposit account. I have enclosed a duplicate copy of this sheet.		
credit any overpayment to Deposit Account No. 07-1969. I have enclosed a duplicate copy of this sheet.		
A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the		
□ applicant/inventor.		
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	Lua bonde	
attorney or agent of record.	Heeja Yoo-Warren	
□ attorney or agent acting under 37 CFR 1.34(a).	Reg. No. 45,495 April 18, 200	5
Registration number if acting under 37 CFR 1.34(a),	Date	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*		
□ *Total of forms are submitted.		

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